

If you would like to type the information, you can fill out the online application, add a comment that you are mailing, then send in a check. Find the link at www.msasoccercamps.com, :

2018 APPLICATION

Name _____
 Address _____
 City _____ State _____ Zip _____
 Gender _____ Date of Birth _____ Age _____
 School _____ Grade entering Fall '18 _____
 Current Team _____ League _____
 Circle Shirt Size YOUTH: S M L XL ADULT: S M L XL
 Phone (H) _____ (C) _____
 Other emergency #'s and names:

Add \$50.00 per week for after-care by Good counsel until 5:30.

_____ MM/YY of last tetanus: _____
 Allergies/Medical _____
 Dr. Name _____ Phone _____
 Ins. Co. _____ Policy _____
 What team or campers would you like to be grouped with?

Session 1 June 25-29 Good Counsel Boys 4 -13 Girls 4 -17 Field Player <input type="checkbox"/>	Session 2 July 9-13 Good Counsel Boys 4 -13 Girls 4 -17 Field Player <input type="checkbox"/> 1/2 Day <input type="checkbox"/> Goalkeeper <input type="checkbox"/>	Session 3 July 16-20 Good Counsel Boys 4 -13 Girls 4 -17 Field Player <input type="checkbox"/> 1/2 Day <input type="checkbox"/> Goalkeeper <input type="checkbox"/>	Session 4 July 23-26 Evenings Boys/Girls 9th-12th Good Counsel H S Prep <input type="checkbox"/>
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Tuition			
_____ Regular Day Session*	@ \$270.00 =	\$ _____	
* Regular Session is 245.00 if mailed by April 18h.			
_____ Discounted Day Session(s)**	@ \$245.00 =	\$ _____	
** 2nd child or session, or one of 8 teammates <u>mailed together</u>			
_____ Half Day Session(s)***	@ \$150.00 =	\$ _____	
*** Ages 4 and 5 only			
_____ Evening HS Prep*	@ 175.00 =	\$ _____	
* \$150.00 is mailed by April 18th			
* \$125 if combined with a full day session			

I authorize the staff of Montgomery Soccer Academy to act for me according to their best judgment in any emergency requiring medical attention. I give permission to MSA to use my child's picture or likeness in printed media or other forms of advertisement. I understand that after May 1, \$75.00 of the tuition becomes non-refundable and there is no refund unless requested by the Wednesday prior to a camp session. See GC website for their policy.
 Parent's Name (print) _____
 Signature: _____
 E-mail: _____

Make checks payable to: **Montgomery Soccer Academy**
 Mail to: **PO Box 608**
Olney, MD 20830